



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/600,298
		Filing Date	June 20, 2003
		First Named Inventor	NIKOLCHEV, JULIAN N.
		Art Unit	3764
		Examiner Name	Unassigned
Total Number of Pages in This Submission	4	Attorney Docket Number	016355-002580US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  Return Postcard Cited References
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Nena Bains Reg. No. 47,400
Signature	
Date	February 4, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Landon Clark		
Signature		Date	February 4, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT  
Attorney Docket No.: 016355-002580US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



On 2-4-04

TOWNSEND and TOWNSEND and CREW LLP

By: London Clark

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

JULIAN N. NIKOLCHEV et al.

Application No.: 10/600,298

Filed: June 20, 2003

For: CONTRACEPTIVE  
TRANSCERVICAL FALLOPIAN TUBE  
OCCLUSION DEVICES AND  
METHODS

Examiner: Unassigned

Art Unit: 3764

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

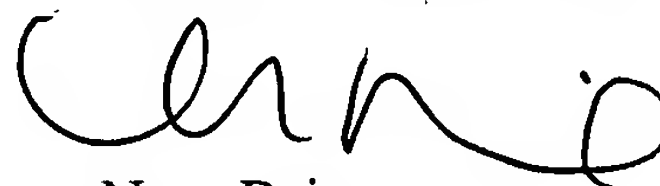
The references cited on attached form PTO/SB/08 are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Nena Bains  
Reg. No. 47,400

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60129777 v1



<div>Substitute for form 1449B/PTO</div> <div><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b></div> <div>(use as many sheets as necessary)</div>				<b>Complete if Known</b>	
				Application Number	10/600,298
				Filing Date	June 20, 2003
				First Named Inventor	NIKOLCHEV, JULIAN N.
				Art Unit	3764
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	016355-002580US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	AA	US-5,562,641	10/08/1996	Flomenblit et al.	
	AB	US-5,582,619	12/10/1996	Ken	
	AC	US-5,382,260	01-17-1995	Dormandy et al.	
	AD	US-6,432,116 B1	08-13-2002	Callister et al.	
	AE	US-2001/0041900 A1	11-15-2001	Callister et al.	
	AF	US-2002/0013589 A1	01-31-2002	Callister et al.	
	AG	US-2003/0029457 A1	02-13-2003	Callister et al.	
		US-			
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		US-			

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				
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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.  
<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.